

SSI CHILDHOOD DISABILITY FUNCTIONAL QUESTIONNAIRE

AGE: 6 months – 18 months

(20 C.F.R. §§ 416.924a(b), 416.924b, 416.926a(b) & (e); SSR 09-1p & 09-2p)

Child's Name: _____ DOB: _____ Adjusted Age _____

Evaluator's Name & Credentials: _____ Date: _____

In what capacity and for how long have you known this child? _____

Developmental disorders are evidenced by a deficit or lag in motor, cognitive, social functioning, or communication, related either to organic or functional factors. The purpose of this questionnaire is to provide the most thorough way for someone who does not know this child as well as you to judge how the child functions in a variety of settings. We appreciate your taking the time to give both analyses. **Please rate this infant's functioning by comparing the following characteristics to those of a child of the same age who is unimpaired. Use the following rating scale to gauge your assessment:**

Key: **No Difficulties (Never or Rarely)** means that the child essentially is developing normally, and rarely exhibits any difficulties in the identified activities.

Some Difficulties means that in comparison to same-aged unimpaired children, this child functions like the average child in this area, but with occasional difficulties in some of the activities identified.

Marked Difficulties means that in comparison to same-aged unimpaired children, this child's functioning is seriously affected in one or more of the activities listed. **Marked** equates to a rating that would be expected from measurement of at least **2 standard deviations below the mean** in that area, or functioning at less than **2/3 the chronological age (if born premature, use adjusted age)** as measured on standardized tests such as the Bayley Scale or the Hawaii Early Learning Profile.

Extreme Difficulties means that in comparison to same-aged unimpaired children, this child's functioning is very seriously affected in one or more of the activities listed. **Extreme** equates to a rating that would be expected from a measurement of **3 standard deviations or more below the mean in an area**, or functioning at less than **1/2 the child's chronological age (if born premature, use adjusted age)**.

Functional Areas	<i>No Difficult</i>	<i>Some Difficulty</i>	<i>Marked, 1/3 C.A., Serious Difficulties</i>	<i>Extreme, 1/2 C.A., Very Serious Difficulties</i>
<i>Acquiring / Using Information / Learning</i>				
<i>Interacting / Relating / Communicating</i>				
<i>Caring for Self / Self-Nurturing</i>				
<i>Attending/ Completing Tasks / Self-Regulating</i>				
<i>Moving / Manipulating</i>				
<i>Health / Well-Being (e.g., adverse effects of treatment, recurring pain, medically fragile, etc)</i>				

Based on your knowledge and experience, please describe in some detail how this infant functions when compared to same-age, normally developing infants:

PLEASE COMMENT

SSI CHILDHOOD DISABILITY FUNCTIONAL QUESTIONNAIRE

AGE: 18 months – 35 months

(20 C.F.R. §§ 416.924a(b), 416.924b, 416.926a(b) & (e); SSR 09-1p & 09-2p)

Child's Name: _____

DOB: _____

Evaluator's Name & Credentials: _____

Date: _____

In what capacity and for how long have you known this child? _____

The purpose of this questionnaire is to provide the most thorough way for someone who does not know this child as well as you to judge how the child functions in a variety of settings.

The questionnaire has two parts: 1) several objective criteria, and 2) a place to offer comments to explain the ratings that you have provided. We appreciate your taking the time to give both analyses.

INSTRUCTIONS

Please rate this child's functioning by comparing the following characteristics to those of a child of the same age who is unimpaired. Use the following rating scale to gauge your assessment of this child's functioning as you have observed it:

Key: **No Difficulties (Never or Rarely)** means that the child essentially is developing normally, and only rarely exhibits any difficulties in the identified activities.

Some Difficulties means that in comparison to same-aged unimpaired children, this child functions like the average child in this area, but with occasional difficulties in some of the activities identified.

Marked Difficulties means that in comparison to same-aged unimpaired children, this child's functioning is seriously affected in one or more of the activities listed. **Marked** equates to a rating that would be expected from a measurement of **2 standard deviations below the mean an area**, or functioning at less than $\frac{2}{3}$ **the chronological age** for this child (as measured on standardized tests like Battelle Developmental Inventory, Bayley Scales, Brigance Diagnostic Inventory, Cattell Infant Intelligence Scale, Gesell Developmental Schedules, Hawaii Early Learning Profile), or functioning at $\frac{2}{3}$ **the chronological age (adjusted age if born prematurely)** for this child. *NOTE:* Screening tools, such as the Denver Developmental Scale, generally are insufficient for present purposes but can be used in conjunction with other information to make this assessment more comprehensive.

Extreme Difficulties means that in comparison to same-aged unimpaired children, this child's functioning is very seriously affected in one or more of the activities listed. **Extreme** equates to a rating that would be expected on a measurement of **3 standard deviations or more below the mean in that area**, or functioning at less than $\frac{1}{2}$ **the chronological age** for this child.

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(g)(2); SSR 09-3p)

<i>Acquiring & Using Information</i>	<i>No Difficulties</i>	<i>Some Difficulties</i>	<i>Marked Difficulties</i>	<i>Extreme Difficulties</i>
Recognizes that objects go together in different ways				
Has approximately 8-20 understandable words				
Identifies object in a book				
Understands and follows simple directions				
Uses imagination at play				
Enjoys simple stories, rhymes, and songs				
Uses 2-3 word sentences				
Uses pretend, make believe to represent real things				
Hums or tries to sing				
Enjoys looking at books				
Points to eyes, ears, or nose when asked				
Repeats words, claps hands, waves good-bye, if prompted				
Imitates adults (e.g., drinking from a cup, talking on phone)				
Develops improving skill in problem-solving				
Categorizes (e.g., keeps similar objects together)				
Groups related objects (e.g., by size, shape)				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(h)(2); SSR 09-4p)

<i>Attending and Completing Tasks</i>	<i>No Difficulties</i>	<i>Some Difficulties</i>	<i>Marked Difficulties</i>	<i>Extreme Difficulties</i>
Pays attention to conversations in surrounding area				
Responds to own name				
Plays hide and seek or similar games				
Perseveres and persists; tries to reach toys out of reach				
Able to change activities regularly				
Follows movements of others				
Engages with "story time" or singing with caregiver				
Able to play and complete some tasks alone				
Helps to put on clothes				
Able to look at picture books for progressively longer periods				
Able to focus and build with blocks				
Initiates, maintains concentration for brief periods				
Filters out or ignores distractions				
Able to remain engaged in activities				
Regains composure when startled				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(i)(2); SSR 09-5p)

<i>Interacting and Relating with Others</i>	<i>No Difficulties</i>	<i>Some Difficulties</i>	<i>Marked Difficulties</i>	<i>Extreme Difficulties</i>
Expresses fear or is shy with strangers				
Pushes away something unwanted				
Looks at person who's talking				
Waves bye-bye and claps hands				
Says "hi" or "bye" if reminded				
Requests something by pointing or using a word				
Shows aggressive behavior or intent to hurt others				
Destroys nearby objects when frustrated or angry				
Plays alongside others more than alone				
Mimics others, (e.g., coughing, sneezing, or making animal sounds)				
Enjoys an audience and applause				
Affectionate - hugs and kisses				
Offers toys or objects to others but expects them to be returned				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(k)(2); SSR 09-7p)

<i>Caring for Self</i>	<i>No Difficulties</i>	<i>Some Difficulties</i>	<i>Marked Difficulties</i>	<i>Extreme Difficulties</i>
Helps wash hands, face, mouth				
Shows interest in dressing, brushing hair and teeth				
Has tantrums, but generally only as result of inability to express self				
Drinks from a straw				
Feeds self with a spoon				
Likes to watch self in mirror				
Wants caregiver to be in sight				
Recognizes self in mirror or pictures				
Enjoys being held and read to				
Plays alone on floor with toys				
Attached to a favorite toy or blanket				
Becomes upset when separated from parent				
Possessive about caregiver's attention; shows feelings of jealousy				
Has fears and nightmares				
Has sense of humor; laughs freely				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(j)(2); SSR 09-6p)

<i>Moving About & Manipulating Objects</i>	<i>No Difficulties</i>	<i>Some Difficulties</i>	<i>Marked Difficulties</i>	<i>Extreme Difficulties</i>
Rolls a ball on request				
Dances or jumps to music				
Pushes, pulls, and dumps things				
Places objects inside one another				
Turns pages in a book				
Pokes, twists, and squeezes				
Carries small objects while walking				
Holds crayon and scribbles				
Flushes toilets and closes doors				
Moves object between hands				
Holds object in each hand				
Grasps objects with either hand				
Closes fingers around cylindrical object				
Grasps objects using finger and thumb				
Places and releases object balanced on top of another object				
Rotates either wrist on horizontal plane				
Fits different shapes into appropriate spaces				
Assembles toys and puts pieces together				
Copies simple shapes after demonstration				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(l); SSR 09-8p)

<i>Health & Physical Well-Being</i>	<i>No Difficulties</i>	<i>Some Difficulties</i>	<i>Marked Difficulties</i>	<i>Extreme Difficulties</i>
Medically fragile or needs intensive medical care (e.g., early intervention, speech therapy, OT or PT)				
Has exacerbations of ailment that interfere with functioning				
Experiences local or generalized pain				
Has limitations due to treatment (e.g., chemotherapy, surgeries, chelation, pulmonary cleansing, or nebulizer treatments)				
Has somatic complaints (e.g., seizures, headaches, recurring infections, allergies, changes in weight, stomach discomfort, nausea, insomnia)				
Has side effects from medications that limit performance of activities				
Has generalized symptoms (e.g., weakness, dizziness, shortness of breath, low stamina)				
Experiences fatigue, or agitation, excitability, lethargy				
Exhibits allergies, inhibited growth, bladder or bowel incontinence				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

SSI CHILDHOOD DISABILITY FUNCTIONAL QUESTIONNAIRE

AGES: 3 – 4

(20 C.F.R. §§ 416.924a(b), 416.924b, 416.926a(b) & (e); SSR 09-1p & 09-2p)

Child's Name: _____

DOB: _____

Evaluator's Name & Credentials: _____

Date: _____

In what capacity and for how long have you known this child? _____

The purpose of this questionnaire is to provide the most thorough way for someone who does not know this child as well as you to judge how the child functions in a variety of settings.

The questionnaire has two parts: 1) several objective criteria, and 2) a place to offer comments to explain the ratings that you have provided. We appreciate your taking the time to give both analyses.

INSTRUCTIONS

Please rate this child's functioning by comparing the following characteristics to those of a child of the same age who is unimpaired. Please use the following rating scale to gauge your assessment of this child's functioning as you have observed it:

Key: **No Difficulties** means that the child essentially is developing normally, and only rarely exhibits any difficulties in the identified activities.

Some Difficulties means that in comparison to same-aged unimpaired children, this child functions like the average child in this area, but with occasional difficulties in some of the activities identified.

Marked Difficulties means that in comparison to same-aged unimpaired children, this child's functioning is seriously affected in one or more of the activities listed. **Marked** equates to functioning in a particular area that would be expected from a measurement at least **2 standard deviations below the mean** (e.g., on standardized tests like Battelle's, DABS, Gesell's, KABC, Peabody's, Stanford-Binet, WPPSI, Woodcock-Johnson, Vineland's).

Extreme Difficulties means that in comparison to same-aged unimpaired children, this child's functioning is very seriously affected in one or more of the activities listed. **Extreme** equates to a functioning that would be expected from a measurement of **3 standard deviations or more below the mean in that area**.

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(g)(2); SSR 09-3p)

<i>Acquiring & Using Information</i>	No Difficulty	Some Difficulty	Marked -- Serious Difficulty	Extreme -- Very Serious Difficulty
Listens to stories				
Understands words about space, size, or time (e.g., in/under, big/little, morning/night)				
Rhymes words or the sounds of words				
Able to recall some prior events or learned lessons				
Counts, sorts, and builds with blocks				
Paints, colors, copies shapes, and tries to use scissors				
Uses words to ask questions, give answers, follow directions, describe, explain, and tell stories				
Recognizes colors, shapes, numbers to 10				
Able to recite some words to favorite song				
Recognizes own name in script or cursive				
Able to repeat home address				
Tries to tie or lace own shoes				
Can describe family routines in detail				
Matches colors, shapes, letters				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(i)(2); SSR 09-5p)

<i>Interacting and Relating with Others</i>	No Difficulty	Some Difficulty	Marked -- Serious Difficulty	Extreme -- Very Serious Difficulty
Able to socialize with children as well as adults				
Able to relate to caregivers with increasing independence				
Able to initiate and participate in conversations, using increasingly complex vocabulary and grammar				
Prefers same-age playmates and develops reciprocal friendships with same-aged children				
Able to use words instead of actions to express self				
Able to share, show affection, and offer help				
Speaks clearly enough that both familiar and unfamiliar listeners can understand what is said most of the time				
Chooses own friends				
Plays cooperatively with other children, one-at-a-time or in a group, without continual adult supervision				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(h)(2); SSR 09-4p)

<i>Attending and Completing Tasks</i>	No Difficulty	Some Difficulty	Marked -- Serious Difficulty	Extreme -- Very Serious Difficulty
Able to initiate and complete most activities				
Begins, carries through, and finishes most enjoyable activities (e.g., looking at picture books, listening to stories, or building with blocks)				
Able to change activities without needing re-direction from adults				
Perseveres and keeps pace with peers				
Able to filter out distractions and to remain focused on task consistently				
Able to maintain focus during group activity (e.g., circle time)				
After interruptions, is able to return to a task without reminders to finish				
Able to take turns and wait turn as appropriate				
Attends to speaker when spoken to directly				
Able to concentrate on activities like putting puzzles together				
Able to focus long enough to get dressed or put toys away				
Able to tolerate some frustration				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(k)(2); SSR 09-7p)

<i>Caring for Self</i>	No Difficulty	Some Difficulty	Marked -- Serious Difficulty	Extreme -- Very Serious Difficulty
Places non-nutritive or inedible objects in mouth				
Assists in dressing, brushing teeth, combing hair, putting on jacket				
Uses self-soothing activities (e.g., thumbsucking, re-chewing food)				
Eats and feeds self appropriately				
Spontaneously pursues enjoyable activities or interests				
Engages in self-injurious behavior (e.g, headbanging, sticking self) or ignores safety rules				
Has stereotyped mannerisms (e.g., body rocking, tapping, chewing lip).				
Tries to take care of own needs (e.g., putting on shoes, getting a snack)				
Tries to do some things that are beyond capacity (e.g., tying own shoes, climbing on chair to reach something up high, taking a bath)				
Controls behavior that is dangerous or unsafe (e.g., crossing street without looking, running into walls).				
Sleeps without disturbance (e.g., not routinely fearful of dark, not aroused by dreams frequently)				
Has sense of humor; laughs freely				
Is willing to be consoled when sad				
Demonstrates emotions (e.g., joy, sadness, worry, fear, hope, etc.)				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(j)(2); SSR 09-6p)

<i>Moving About & Manipulating Objects</i>	No Difficulty	Some Difficulty	Marked -- Serious Difficulty	Extreme -- Very Serious Difficulty
Explores actively a wide area of the physical environment, using body with control and independence from others				
Grips and grasps objects (e.g., holds crayon and scribbles, uses cutting motion with scissors)				
Able to develop sequencing in hand or finger movements				
Bends, kneels, crawls, runs, jumps rope, or rides a bike as well as peers				
Exhibits eye-hand coordination				
Uses hands to do or get something that is wanted or needed				
Able to complete puzzles, string beads, and build with an assortment of blocks				
Able to walk and run with ease.				
Climbs stairs and playground equipment with little supervision				
Shows increasing control of crayons, markers, and small objects				
Able to cut with scissors independently				
Able to play with small blocks, scribble with crayons, and feed self				
Able to manipulate buttons, zippers, and other fasteners				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(l)(2); SSR 09-8p)

<i>Health & Physical Well-Being</i>	No Difficulty	Some Difficulty	Marked / Serious Difficulty	Extreme / Very Serious Difficulty
Medically fragile or needs intensive medical care (e.g., wrap-around, case manager, OT or PT)				
Has exacerbations of ailment that interfere with functioning				
Has side effects from medications that limit performance of activities				
Has limitations in functioning due to treatment (e.g., chemotherapy, surgeries, chelation, pulmonary cleansing, or nebulizer treatments)				
Has somatic complaints (e.g., seizures, headaches, incontinence, recurring infections, allergies, changes in weight, stomach discomfort, nausea, insomnia)				
Has generalized symptoms (e.g., weakness, dizziness, shortness of breath, low stamina, fatigue, allergies, inhibited growth, bladder or bowel incontinence, local or generalized pain, agitation, excitability, lethargy)				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

SSI CHILDHOOD DISABILITY FUNCTIONAL QUESTIONNAIRE

AGES: 4 – 5

(20 C.F.R. §§ 416.924a(b), 416.924b, 416.926a(b) & (e); SSR 09-1p & 09-2p)

Child's Name: _____

DOB: _____

Evaluator's Name & Credentials: _____

Date: _____

In what capacity and for how long have you known this child? _____

The purpose of this questionnaire is to provide the most thorough way for someone who does not know this child as well as you to judge how the child functions in a variety of settings.

The questionnaire has two parts: 1) several objective criteria, and 2) a place to offer comments to explain the ratings that you have provided. We appreciate your taking the time to give both analyses.

INSTRUCTIONS

Please rate this child's functioning by comparing the following characteristics to those of a child of the same age who is unimpaired. Please use the following rating scale to gauge your assessment of this child's functioning as you have observed it:

Key: **No Difficulties** means that the child essentially is developing normally, and only rarely exhibits any difficulties in the identified activities.

Some Difficulties means that in comparison to same-aged unimpaired children, this child functions like the average child in this area, but with occasional difficulties in some of the activities identified.

Marked Difficulties means that in comparison to same-aged unimpaired children, this child's functioning is seriously affected in one or more of the activities listed. **Marked** equates to functioning in a particular area that would be expected from a measurement at least **2 standard deviations below the mean in that area** (e.g., on standardized tests like DABS, KABC, McCarthy's, Peabody's, Stanford-Binet, Vineland's, Woodcock-Johnson, WISC).

Extreme Difficulties means that in comparison to same-aged unimpaired children, this child's functioning is very seriously affected in one or more of the activities listed. **Extreme** equates to a rating that would be expected from a measurement similar to **3 standard deviations or more below the mean in that area**

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(g)(2); SSR 09-3p)

<i>Acquiring & Using Information</i>	<i>No Difficulties</i>	<i>Some Difficulties</i>	<i>Marked or Serious Difficulties</i>	<i>Extreme or Very Serious Difficulties</i>
Listens to stories, rhymes words, and matches letters				
Understands words about space, size, or time (e.g., in/under, big/little, morning/night)				
Rhymes words or the sounds of words				
Able to recall some prior learned lessons				
Counts, sorts shapes, and builds with blocks				
Paints, colors, copies shapes, and uses scissors				
Uses words to ask questions, give answers, follow directions, describe, explain, and tell stories				
Recognizes colors, shapes, numbers to 10				
Able to recite words to a favorite song				
Recognizes own name in script				
Able to repeat home address				
Tries to tie or lace own shoes				
Can describe family routines in detail				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(i)(2); SSR 09-5p)

<i>Interacting and Relating with Others</i>	<i>No Difficulties</i>	<i>Some Difficulties</i>	<i>Marked or Serious Difficulties</i>	<i>Extreme or Very Serious Difficulties</i>
Able to socialize with children as well as adults				
Able to relate to caregivers with increasing independence				
Able to initiate and participate in conversations, using increasingly complex vocabulary and grammar				
Prefers same-age playmates				
Able to use words instead of actions to express self				
Able to share and offer help				
Speaks clearly enough that unfamiliar listeners can understand what is said most of the time				
Chooses own friends				
Plays cooperatively with others, one-at-a-time or in a group, without adult supervision				
Initiates and sustains interpersonal contact with peers				
Develops reciprocal friendships with same-aged children				
Shows affection spontaneously				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(h)(2); SSR 09-4p)

<i>Attending and Completing Tasks</i>	<i>No Difficulties</i>	<i>Some Difficulties</i>	<i>Marked or Serious Difficulties</i>	<i>Extreme or Very Serious Difficulties</i>
Able to initiate and complete most activities				
Begins, carries through, and finishes most enjoyable activities (e.g., looking at picture books, listening to stories, or building with blocks,				
Able to change activities without needing re-direction from adults				
Perseveres and keeps pace with peers				
Able to filter out distractions and to remain focused on task at consistent level of performance				
Able to maintain focus during group activity (e.g., circle time)				
After interruptions, is able to return to a task without reminders to finish				
Able to take turns and change activity when appropriate				
Attends to speaker when spoken to directly				
Able to concentrate on activities like putting puzzles together				
Able to focus long enough to get dressed or put toys away				
Able to tolerate frustration				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(k)(2); SSR 09-7p)

<i>Caring for Self</i>	<i>No Difficulties</i>	<i>Some Difficulties</i>	<i>Marked or Serious Difficulties</i>	<i>Extreme or Very Serious Difficulties</i>
Places non-nutritive or inedible objects in mouth				
Assists in dressing, brushing teeth, combing hair, putting on jacket				
Uses self-soothing activities (e.g., thumbsucking, re-chewing food)				
You have disturbance in eating or sleeping patterns				
You do not spontaneously pursue enjoyable activities or interests.				
Engages in self-injurious behavior (e.g, headbanging, sticking self) or ignores safety rules				
Has stereotyped mannerisms (e.g., body rocking, tapping, chewing lip).				
Tries to take care of own needs (e.g., putting on shoes, getting a snack)				
Tries to do some things that are beyond capacity (e.g., tying own shoes, climbing on chair to reach something up high, taking a bath)				
Controls behavior that is dangerous or unsafe (e.g., crossing street without looking, running into walls).				
Sleeps without disturbance (e.g., not routinely fearful of dark, not aroused by dreams frequently)				
Has sense of humor; laughs freely				
Is willing to be consoled when sad				
Demonstrates emotions (e.g., joy, sadness, worry, fear, hope, etc.)				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(j)(2); SSR 09-6p)

<i>Moving About & Manipulating Objects</i>	<i>No Difficulties</i>	<i>Some Difficulties</i>	<i>Marked or Serious Difficulties</i>	<i>Extreme or Very Serious Difficulties</i>
Explores actively a wide area of the physical environment, using body with control and independence from others				
Grips and grasps objects (e.g., holds crayon and scribbles, uses cutting motion with scissors)				
Able to develop sequencing in hand or finger movements				
Bends, kneels, crawls, runs, jumps rope, or rides a bike as well as peers				
Exhibits eye-hand coordination				
Uses hands to do or get something that is wanted or needed				
Able to complete puzzles, string beads, and build with an assortment of blocks				
Able to walk and run with ease.				
Climbs stairs and playground equipment with little supervision				
Shows increasing control of crayons, markers, and small objects				
Able to cut with scissors independently				
Able to play with small blocks, scribble with crayons, and feed self				
Able to manipulate buttons, zippers, and other fasteners				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(l)(2); SSR 09-8p)

<i>Health & Physical Well-Being</i>	<i>No Difficulties</i>	<i>Some Difficulties</i>	<i>Marked or Serious Difficulties</i>	<i>Extreme or Very Serious Difficulties</i>
Medically fragile or needs intensive medical care (e.g., wrap-around, case manager, OT or PT)				
Has exacerbations of ailment that interfere with functioning				
Has side effects from medications that limit performance of activities				
Has limitations in functioning due to treatment (e.g., chemotherapy, surgeries, chelation, pulmonary cleansing, or nebulizer treatments)				
Has somatic complaints (e.g., seizures, headaches, incontinence, recurring infections, allergies, changes in weight, stomach discomfort, nausea, insomnia)				
Has generalized symptoms (e.g., weakness, dizziness, shortness of breath, low stamina, fatigue, allergies, inhibited growth, bladder or bowel incontinence, local or generalized pain, agitation, excitability, lethargy)				
Needs to use an assistive device (e.g., hearing aid, crutches, etc.)				
Experiences pain on regular basis				
Requires adult attention / therapy routinely (e.g., PT/OT, speech therapy, wrap-around services etc.)				
Misses important events due to physical or emotional difficulties				

Based on your knowledge and experience, please describe in some detail how well this child functions in this domain when compared to same-age, normally developing children:

PLEASE COMMENT

SSI CHILDHOOD DISABILITY FUNCTIONAL QUESTIONNAIRE

Ages: 6 and Older

(20 C.F.R. §§ 416.924a(b), 416.924b, 416.926a(b) & (e); SSR 09-1p & 09-2p)

Child's Name: _____

DOB: _____

Evaluator's Name & Signature: _____

Date: _____

In what capacity and for how long have you known this child? _____

The purpose of this questionnaire is to provide the most thorough way for someone who does not know this child as well as you do to judge how the child functions in school or at home.

The questionnaire has two parts: 1) several objective criteria, and 2) a place to offer comments to explain the ratings that you have provided. We appreciate your taking the time to give both analyses.

INSTRUCTIONS

Please rate this child's functioning in the following domains, where relevant, by comparing this child's functioning to that expected of the same age child who is unimpaired:

Acquiring and using information

Attending and completing tasks

Interacting and relating with others

Moving about and manipulating objects

Caring for self

Health and physical well-being

Use the following rating scale to gauge your assessment of this child's functioning as you have observed it:

Key:

Never (None) or Rarely

Some difficulty means that in comparison to same-aged unimpaired children, this child functions like the average child in this area, with occasional difficulties in some of the activities.

Marked difficulty means that in comparison to same-aged unimpaired children, this child's functioning is seriously affected in one or more of the activities listed. **Marked** equates to functioning in a particular area that would be expected from a measurement at least **2 standard deviations below the mean in that area** (e.g., on standardized tests like DABS, KABC, McCarthy's, Peabody's, Stanford-Binet, Vineland's, Woodcock-Johnson, WISC).

Extreme means that in comparison to same-aged unimpaired children, this child's functioning is very seriously affected. **Extreme** equates to a rating of difficulties that would be expected from a measurement similar to **3 standard deviations or more below the mean in that area**.

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(g)(2); SSR 09-3p)

ACQUIRING & USING INFORMATION

This child <u>has difficulties</u>	Never	Some Difficulty	Marked or Serious	Extreme Very Serious
Learning new material				
Recalling previously learned material				
Demonstrating short-term recall				
Understanding verbal instructions				
Following verbal instructions				
Demonstrating problem solving skills				
Remembering instructions				
Using appropriate vocabulary				
Comprehending written instructions				
Following instructions				
Recognizing colors, shapes, etc				
Counting or spelling				
Recognizing and using concepts				
Using imagination in play and creative activities				
Learning in comparison to same-age unimpaired children				

Based on your knowledge and experience, please rate how well this youngster acquires and learns information and uses the information learned:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(i)(2); SSR 09-5p)

INTERACTING & RELATING

This child <u>has difficulties</u>	Never	Some Difficulty	Marked or Serious	Extreme or Very Serious
Getting along with other children				
Getting along with authority figures				
Sharing / taking turns				
Initiating interactions (too shy or timid)				
Being disruptive, talking out of turn				
Respecting authority / being disobedient				
Due to unprovoked hostility or anger				
Due to aggression (e.g., scratches, punches, hits, bullies, mocks others)				
Interacting appropriately with adults				
Talking constantly, unable to stop talking				
Showing initiative in conversation				
Being understood by others on first effort				

Based on your knowledge and experience, please rate how well this youngster initiates and sustains emotional connections with others; uses the language of his or her community; cooperates with others; complies with rules; and respects and takes care of the possessions of others:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(h)(2); SSR 09-4p)

ATTENDING & COMPLETING TASKS

This child <u>has difficulties</u>	Never	Some Difficulty	Marked or Serious	Extreme or Very Serious
Waiting to take turns				
Controlling the impulse to blurt out answers				
Being easily distracted				
Following through on instructions				
Concentrating without adult supervision				
Carrying out simple instructions				
Dealing with frustration / gives up easily				
Keeping pace with other children				
Keeping track of possessions				
Completing tasks on time				
Paying attention / daydreams instead of attending to activities				
Doing tasks without bothering others				
Staying on tasks without being reminded				
Without supervision				
That require extra encouragement				

Based on your knowledge and experience, please rate how well this youngster focuses and maintains attention; begins, carries out, and finishes activities; performs at a pace similar to other youngsters; and transitions between activities:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(k)(2); SSR 09-7p)

CARING FOR SELF

This child <u>has difficulties</u>	Never	Some Difficulty	Marked or Serious	Extreme or Very Serious
In the form of hurtful behavior towards self (e.g., scratching skin, hitting walls)				
Identifying or managing emotions age-appropriately				
Following through on reaching personal goals				
Dealing with frustration or experiencing periods of unprovoked fear or anxiety				
Demonstrating typical emotions (e.g., joy, sadness, worry, fear, hope, etc.)				
Getting emotional needs met appropriately				
With sleeping or eating patterns				
Regulating behavior or responding to changes in emotions or daily demands				
Maintaining proper hygiene and personal care				
Following treatment plan in age-appropriate ways				
Recognizing the need for and asking for help from others				
Following home and/or community rules				
With understanding consequences of own actions				
Following safety rules / avoiding danger				
Occupying self when alone (e.g., with hobbies, games, listening to music)				

Based on your knowledge and experience, please rate how well this youngster is able to get his or her emotional wants and needs met in appropriate ways; cope with stress and changes in the environment; deals with frustration; takes care of his or her own possessions, health, and living area:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(j)(2); SSR 09-6p)

MOVING ABOUT & MANIPULATING OBJECTS

This child <u>has difficulties</u>	Never	Some Difficulty	Marked or Serious	Extreme or Very Serious
With fine motor skills (e.g., writing, cutting, coloring, buttoning)				
With gross motor skills (e.g., walking, running, climbing)				
With coordination (e.g., balance, ball playing, sports)				
In physical education or on the playground				
Requiring adaptive devices				
Manipulating objects (fine motor coordination) compared with same-age unimpaired children				
Moving about (gross motor coordination) in comparison to same-aged unimpaired children				

Based on your knowledge and experience, please rate how well this youngster moves his or her body and uses hands and fingers (e.g., physical activities and eye-hand coordination) in comparison to same-age unimpaired children:

PLEASE COMMENT

Child's Name _____

SSN _____

(20 C.F.R. § 416.926a(l)(2); SSR 09-8p)

CARING FOR HEALTH & WELL-BEING

	Never	Some Difficulty	Marked or Serious	Extreme or Very Serious
Does this child have episodic health problems (e.g., asthma, seizures)				
Does this child use an inhaler?				
Does this child use a nebulizer?				
Is any treatment or medication provided at school?				
Does this child use any adaptive devices? What devices(s) _____				
Does taking medication cause problems with concentration or paying attention?				
Does medication affect the child's functioning?				
Is this child easily tired or in need of naps to function throughout the day?				
Does this child drink liquids more frequently than other children?				

Based on your knowledge and experience, please rate how well this youngster functions physically (e.g., consider the effects of any chronic or recurrent illnesses, use of medications, absences from class to attend therapy and so forth) in comparison to same-age unimpaired children:

PLEASE COMMENT